MULTIPLE DEPENDENT CLAIM **CULATION SHEET** WITH FORM PTO-875)

SERIAL NO 520000 APPLICANT(S)

FILING DATE

AFTER 2 - AMENDMENT

DEP.

IND.

CLAIMS

| | AS FILED | | AFTER 1 AMENDMENT | | AFTER 2 MAMENDMENT | | | | AS FILED | | AFTER 1*AMENDMENT | |
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